

State of New Mexico
 Voucher Batch Report

BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 10/30/2012

0000210242 11-5-12

Voucher	VchrlineDescr	Distr Account	Account	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invoice Number	Total Amount		
Number	Line	Line#	Description		Withhold	Year	Month					
00314086	1	I/S meals & lodging	1	542200	Employee I/S Meals & L	06101	NASH GAYLE-001	2013	10	0000095156	Nash, G. 9.30-10	705.00
Total For Voucher											705.00	

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500
Voucher ID: 00314088
Voucher Style: Regular

Invoice Number: Nash, G. 9.30-10.5.12
Invoice Date: 10/26/2012
Total: 705.00

Vendor: NASH, GAYLE C
1190 ST FRANCIS DR N 4100
SANTA FE, NM 87502

*Pay Terms: Pay Now  Schedule Payments

Saved

Payment Information

Scheduled Payment: 1

*Remit to: 0000099443 Location: 001 *Address: 1 

NASH, GAYLE C
1190 ST FRANCIS DR N 4100
SANTA FE, NM 87502

Gross Amount: 705.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 10/26/2012 

Net Due: 10/26/2012

Discount Due:

Accounting Date:

Find | View All | First  1 of 1  Last

Payment Method

*Bank: WFB10

*Account: B

*Method: ACH ACH

Message:

Message will appear on remittance advice.

Pay Group:

*Handling: RE

*Netting: N 

Messages

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Nash, G. 9.30-10.5.12
 Voucher ID: 00314088 Invoice Date: 10/26/2012
 Voucher Style: Regular Total: 705.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Saved

Accounting Instructions

*Accounting Template: STANDARD Account At: Gross

Match Action

*Status: Ready
☐ Pay UnMatched Voucher

Transaction Currency

*Source: Tables *Currency: USD Rate Type: CRANT Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level Business Process: PROCESS_VOUCHERS
 Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

AGENCY
NAME
DEPARTMENT OF HEALTH

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE 1 DATE 10.11.12
AGENCY CODE 66500 VOUCHER NUMBER 00314088

NAME Gayle Nash		CAR LICENSE NUMBER 1768	POST OF DUTY Las Cruces	PROPOSED (ADVANCE VOUCHER)
VENDOR NUMBER 99443		MODEL Nissan	RESIDENCE Las Cruces	ACTUAL (RECOUPMENT VOUCHER)
REG. WORK DAY 8:00 AM THRU 5:00 PM		YEAR 2011		
DATE	TIME: SHOW AM OR PM DEPARTURE	ARRIVAL	CHARACTER OF EXPENDITURES ENTER DESTINATION, NATURE OF OFFICIAL BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION	
9/30/2012	7:00am		Depart Las Cruces to Santa Fe to meet with Secretary and DOH staff. Overnight, Santa Fe rates apply*	
10/1/2012			Overnight, Santa Fe rates apply*	
10/2/2012			Overnight, Santa Fe rates apply*	
10/3/2012			Overnight, Santa Fe rates apply*	
10/4/2012			Overnight, Santa Fe rates apply*	
10/5/2012			Depart Santa Fe to Las Cruces, partial day per diem-12.0 hrs	
		7:00pm		
Per Diem is Based on (Check One)		I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the travel/training covered by this voucher.		
ACTUAL EXPENSES				
APPROVED RATES				
X		Employee Signature Date		
X		Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the Per Diem and Mileage Act.		
ACKNOWLEDGE THAT THIS EMPLOYEE HAS EXCEEDED THE \$1,500 PER CALENDAR YEAR FOR TRAVEL SECTION 10-3-5 (I), NMSA 1978				
Signature (DOH-General Accounting Use Only)		Date		
Signature required on overnight lodging exceeding \$215.00 per night.				
		TOTALS		
		ADVANCE AMOUNTS 80%		
		ADJUSTED REIMBURSEMENT		
		1. Gayle Nash (TYPE PAYEE NAME)		
		I DO SOLEMNLY SWEAR THAT THE ABOVE CLAIM FOR REIMBURSEMENT IS JUST AND TRUE IN ALL RESPECTS AND COMPLES WITH THE DFA REGULATIONS COVERING THE PER DIEM AND MILEAGE ACT.		
		PAYEE SIGN HERE: Gayle Nash		
		DATE 10/11/2012		

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Gayle Nash	Position:	CNO
	Department ID and Fund:	60010010000	Telephone:	505-690-1065
	Post of Duty:	Las Cruces	Residence:	Las Cruces

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle	<input type="checkbox"/> Check if personal vehicle	License #:	GS-1768
	Year:	2011	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.	
	Course Name:	Meeting with Cabinet Secretary in Santa Fe.
	<input checked="" type="checkbox"/> Check if training is required	<input type="checkbox"/> Check if Continuing Education credits will be granted

Travel Information	Date of Request:	09/28/12	Destination:	Santa Fe
	Departure Date: (month/day/yr)	09/30/12	Time: 07:00 AM	Return Date: (month/day/yr)
				10/5/12
				Time: 07:00 PM

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage: @ .41 per mile	\$ 0.00
545800: Registration - Employee		542200: In-State Per Diem: @ \$85/day	\$ 0.00
546800: Registration - Vendor		Santa Fe Only: 5 @ \$135/day	\$ 675.00
549600: Airline Cost - Vendor		549700: Out-of-State Per Diem: @ \$115/day	\$ 0.00
Airline Cost - Employee		Actuals: @ /day	\$ 0.00
Baggage Fee		With meals: @ \$45/day	\$ 0.00
Shuttle Fee		Partial day: @ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day: @ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day: 1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile		Total reimbursement to employee	\$ 705.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip	\$ 705.00
Car Rental: days @ per day	\$ 0.00		

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

Employee Signature Gayle Nash Date 10/19/2012
Supervisor/Bureau Chief Signature _____ Date _____

Division Director/Hospital Administrator (As per specific division requirements) _____ Date _____
Cabinet Secretary Signature (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.) [Signature] Date 10/18/12